

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AL025400

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11713</u>	2. Fiscal Year Covered From <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing.  Name <u>Charles V LoVerde III</u>  P.O. Box, Bldg., Room No., if any  Street <u>10439 S Hamilton</u>  City <u>Chicago</u>  State <u>Illinois</u> ZIP Code + 4 <u>60643</u>	4. Name, file number, and address of labor organization.  Name <u>Water Pipe Etc., Laborers' Local 1092</u>  Labor Organization File Number <u>076482</u>  P.O. Box, Building and Room Number, if any <u>#307</u>  Street <u>1550 S Indiana</u>  City <u>Chicago</u>  State <u>Illinois</u> ZIP Code + 4 <u>60605</u>
5. Position in labor organization. <u>President &amp; Business Manager</u>	

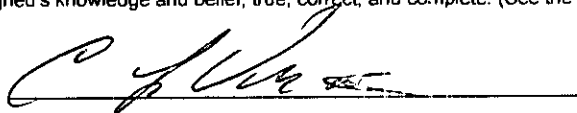
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name <u>xxxxxxxxxxxxxxxxxxxx</u>  Trade Name, if any: <u>xxxxxxxxxxxx</u>  P.O. Box, Bldg., Room No., if any <u>xxxxxxxxxx</u>  Street <u>xxxxxxxxxxxxxxxxxxxx</u>  City <u>xxxxxxxxxxxxxxxxxxxx</u>  State <u>                    </u> ZIP Code + 4 <u>00000-0000</u>	7.a. Nature of Interest, Transaction, or Income.  <u>xxxxxxxxxxxxxxxx</u> <u>xxxxxxxxxxxxxxxx</u> <u>xxxxxxxxxxxxxxxx</u> <u>xxxxxxxxxxxxxxxx</u> <u>xxxxxxxxxxxxxxxx</u>  7.b. Amount.  <u>\$0</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

08/12/2005

Date

312-663-1092

Telephone Number

Name of Person Filing Charles LoVerde III	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name xxxxxxxxxxxxxxxx</p> <p>Trade Name, if any: xxxxxxxxxxxxxxxx</p> <p>P.O. Box, Bldg., Room No., if any xxxxxxxxxxxxxxxx</p> <p>Street xxxxxxxxxxxxxxxxxxxxxxxx</p> <p>City xxxxxxxxxxxxxxxxxxxxxxxx</p> <p>State ZIP Code + 4 00000-0000</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name xxxxxxxxxxxxxxxx</p> <p>Trade Name, if any: xxxxxxxxxxxxxxxx</p> <p>P.O. Box, Bldg., Room No., if any xxxxxxxxxxxxxxxx</p> <p>Street xxxxxxxxxxxxxxxxxxxxxxxx</p> <p>City xxxxxxxxxxxxxxxx</p> <p>State ZIP Code + 4 00000-0000</p>	<p>11.a. Nature of such dealing.</p> <p>xxxxxxxxxxxxx</p> <p>xxxxxxxxxxxxx</p> <p>xxxxxxxxxxxxx</p> <p>xxxxxxxxxxxxx</p> <p>xxxxxxxxxxxxx</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>xxxxxxxxxxxxx</p> <p>xxxxxxxxxxxxx</p> <p>xxxxxxxxxxxxx</p> <p>xxxxxxxxxxxxx</p> <p>xxxxxxxxxxxxx</p>
	<p>12.b. Amount. \$0</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Blue Cross Blue Shield of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 300 East Randolph St</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60601-5099</p>	<p>14.a. Nature of payment.</p> <p>Attended annual Labor Golf Outing and St.Patrick's Day Luncheon</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment. \$285</p>

## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Investment Professionals Children's Charity

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street N/A

City

State

ZIP Code + 4

14.a. Nature of payment.

Attended and supported event sponsored by various financial institutions for the purpose of raising funds for childrens charities.

Do not know the cost of the event.

Estimated price range of \$75 to \$250

13.b. Is the Business an Employer or Consultant ☒ ?

14.b. Amount of payment.

\$0

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name xxxxxxxxxxxxxxxxxxxxxx

Trade Name, if any: xxxxxxxxxxxxxxxx

P.O. Box, Bldg., Room No., if any xxxxxxxxxxxxxx

Street xxxxxxxxxxxxxxxxxxxxxx

City xxxxxxxxxxxxxxxxxxxxxx

State ZIP Code + 4 00000-0000

14.a. Nature of payment.

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13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

\$0

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name xxxxxxxxxxxxxxxxxxxxxx

Trade Name, if any: xxxxxxxxxxxxxxxxxxxxxx

P.O. Box, Bldg., Room No., if any xxxxxxxxxxxxxxxxxxxxxx

Street xxxxxxxxxxxxxxxxxxxxxx

City xxxxxxxxxxxxxxxxxxxxxx

State ZIP Code + 4 00000-0000

14.a. Nature of payment.

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xxxxxxxxxxxxxxxx  
xxxxxxxxxxxxxxxx  
xxxxxxxxxxxxxxxx  
xxxxxxxxxxxxxxxx

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

\$0